



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900; BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8202

REQUEST FOR RELINQUISHMENT

As the duly authorized representative of _____

(**Permittee**), I hereby relinquish the Permittee's rights under Coal Surface Mining Operations

(**CSMO**) Permit Number _____ for _____ acres located _____ .

Upon the Division's approval, this acreage is to be permitted to _____

(under Permit Application or CSMO Permit Number _____).

Signed this _____ day of _____ , 20 ____ .

By:

(Signature)

(Print Name and Position with the Company)

For:

(Company Name)

NOTARIZATION:

Subscribed and sworn or affirmed to before me by _____,
this _____ day of _____ , 20 ____ , in the City/County of _____ .

(SEAL)

(Notary Public)

My Commission expires _____ , 20 ____ .